of cases from his own practice. The question of the propriety of an operation was purely a question of fact; if one successful case could be adduced, that would be an answer to the objection that had been made.

Mr. Solomon said, in reply, that the objection which had been raised to the removal of a single cataract by the operation of solution, on the plea that the difference thereby produced in the adjusting power of the two eyes must give rise to permanently confused vision, was a theoretical one, and was nullified by cases recorded by Dr. Andrew Smith, R. Carmichael, Stevenson, and others, also by his own experience in the last seven years at the Birmingham Eye Infirmary; during that period no single instance of permanently confused vision, as a result of the operation in question, had come before him. He had not kept records of this class of cases, never anticipating that the propriety of the operation would have been made, in another place, the subject of a hostile attack; this deficiency in his paper he would, however, supply at the next meeting of the Branch, by producing some patients who had lost the lens from one eye, and from whom the members of the Society could elicit full particulars bearing upon the point in discussion. In his experience, he had met with several persons in whom the power of adjustment was different in the two eyes, and yet the vision was single and clear; the patients having only discovered the defect by accidentally closing the perfect eye. He might observe, in conclusion, that from inquiries he had made, he found that some of the most distinguished ophthalmic operators, metropolitan and provincial, in this country, and on the Continent, operated on cases of single traumatic cataract by solution. —*Association Med. Journ.*, March 15th, 1856.

MIDWIFERY.

28. *Spontaneous Version of the Child.*—Dr. Benda relates an interesting case of this. A woman was found with an arm-presentation, the waters having escaped. The right arm, as far as the half of the humerus, was outside the vagina, little swollen. Dr. Benda diagnosed on careful examination the second shoulder-presentation. In spite of attempts by himself and his colleague, Dr. Lehfeldt, it was impossible to pass the hand into the uterus to seize the foot. While waiting for chloroform, the following process, which took place very rapidly, was minutely observed. The hitherto relaxed perineum was suddenly distended, and the presenting right arm was drawn back into the genital organs; at the same time that the pelvic end of the child rose, the right side of the abdomen came first against the perineum, then the pubic end, and during a half-revolution upon the long axis the back was directed against the symphysis, the left hip was evolved over the perineum, whereupon quickly and in one pain, the legs folded upon the abdomen, and the head bent upon the breast followed. Thus, out of the second shoulder-presentation, and by strong uterine contractions alone, working in a capacious pelvis, the first breech-presentation had been developed; a half-turn upon the transverse axis taking place, as well as a half-turn upon the long axis. The child, at first asphyxiated, recovered perfectly.—*Brit. and For. Med.-Chirurg. Rev.*, April, 1856, from *Verhandl. d. Ges. für Geb.*, 1855.

29. *Complete Inversion of the Uterus, at the Time of Labour, with remarkable Absence of the Ordinary Symptoms of that Accident.* By F. W. Montgomery, M. D., Professor of Midwifery in the King and Queen's College of Physicians.—On the 10th of Sept., 1854, Mr. M. called on me to request that I would immediately visit his wife, whom he stated to be dangerously ill after her confinement. I accompanied him at once, and on my arrival at the patient's house, at 9 o'clock, A. M., found a physician accoucheur, of experience and discretion, in attendance, who subsequently gave me the following account of what had occurred before my arrival:—

"He had been sent for to see Mrs. M. about eleven o'clock, P. M., of the evening before, when he found her in labour of her fourth child, with the head presenting. She was twenty-eight years of age, healthy, and her former labours had been quite favourable. The liquor amnii had been discharged about twenty-four hours previously, without pain; for some time after the doctor's seeing her, the pains, which had recently set in, were pretty active, and as the pelvis was a roomy one, he expected that the labour would terminate in two or three hours. It was not, however, till about half-past seven o'clock that the child, a female, was born. During the night, two half drachm doses of ergot had been given, with little apparent effect, and it was not till after a pretty large dose of laudanum and peppermint was administered that the pains became really efficient. There was no hemorrhage, but as the placenta did not seem likely to come away speedily, the womb being sluggish, and not disposed to contract, the nurse-tender was directed to make pressure over the uterus, while the doctor drew down the cord. In about ten or fifteen minutes, the placenta came away, followed, on the instant, by a *large round tumour, which passed completely out of the vagina*, and was, for an instant, supposed to be the head of a second child, which it equalled in size.

"It was, however, soon ascertained to be the uterus completely inverted, no os being to be felt. The tumour was at once returned within the vagina without much difficulty, but pressure on the fundus failed to effect its restoration to its proper place. There was some hemorrhage, both on the sudden descent of the uterus and after its return, *but not much*. The patient felt a pressing desire to make water, and a distressing sense of pressure on the bladder, and becoming anxious, it was deemed advisable to have further advice. Although alarmed, from the knowledge that there was something wrong, she presented little change in countenance or pulse, no faintness, and but little hemorrhage. Her recovery, after the replacement of the uterus, went on most favourably, and at the end of a month she was as well as after any previous confinement." "Feb., 1856: she has been in good health ever since, and now considers herself two or three months pregnant."

Such are the accounts I received of this case at the time of the accident and since, and I am now to state what I was myself present at. I was at the patient's bedside at nine o'clock, delivery having taken place at half-past seven o'clock. I found her looking tranquil, her pulse good, firm, and quiet, and although she was anxious about herself, believing that there was some cause of alarm, there was not the least approach to that kind of overwhelming nervous distress which so often accompanies so serious an accident. She complained of nothing except the sense of pressure on the bladder; there were very smart periodical pains, which, however, she rather made light of, as she regarded them only as after-pains, such as she had had after former labours, which, indeed, they perfectly resembled; there was very little hemorrhage.

On examining the abdomen, there was to be felt *a considerable tumour in the supra-pubic region*, and taking this fact with the other conditions above mentioned, I confess I felt almost certain that it could not be a case of inversion, the symptoms were so widely different from those which almost universal experience would lead us to expect. An examination *per vaginam*, however, soon removed all doubt. I found that passage, indeed I may say the whole pelvic cavity, filled up with a firm fleshy tumour, *which was perfectly insensible;* and on passing the finger along it upwards, it was found to terminate in a *cul de sac* all around, and about an inch within the margin of the os uteri; so that the inversion, or perhaps, more properly, the eversion of the organ was as complete as I believe it ever is *in the first instance.*[1]

In proceeding to effect the reduction, I, in the first place, put the patient fully under the influence of chloroform; I then introduced my hand, and grasping the tumour, I compressed it as strongly as I could from the lateral circumference towards the centre, and at the same time pushed it upwards and forwards

[1] When the displacement has been for some weeks or months in existence, the tissue of the organ having gradually contracted and greatly diminished in bulk, the *cul-de-sac* vanishes.

towards the umbilicus; for several minutes, this proceeding seemed quite without effect; but at length, I felt the tumour begin to yield, receding and gliding, as it were, by a spontaneous movement *of the whole tumour* upwards, and not of the lowest part of the fundus re-entering itself; and then, all at once, it suddenly almost sprung away from my hand, and was restored to its proper place. I pressed my hand into its cavity, up to the fundus, and kept it there for a few minutes, and before withdrawing it, I took the precaution of making sure that there was no dimpling in, or cupping of the fundus, by feeling the hand so retained with my other hand through the parietes of the abdomen. The resistance to the replacement of the inverted organ was so great, that I do not think I should ever have succeeded had I not put the patient to sleep, and subdued its contractile efforts by the administration of chloroform. I cannot but consider myself very fortunate, indeed, in having succeeded in restoring this uterus fully an hour and a half after its complete inversion, during which interval, moreover, active contractions had not ceased to occur. Dr. Merriman says that under such circumstances, unless the inversion be reduced in a few minutes after the accident has happened, all attempts to return it will be ineffectual. And Denman tells us that although present at the moment when the accident occurred in a patient of his own, and only waiting until he had separated the placenta, he could not possibly effect the replacement of the organ.

Inversion of the uterus at the time of delivery is, like the spontaneous evolution of the child, an accident of such rare occurrence, especially in private practice, that few, even of those most extensively engaged in practice, have ever seen a case of it; and still fewer have been actually present at the moment it took place. I have spoken with several practitioners on this subject, and, like myself until lately, none of them had ever met with it in private practice; one gentleman said that, in forty years, he had been called in once to a case of the kind, but found the lady dead when he arrived; another gentleman had seen it once in thirty years. The late Dr. Douglass told me, within a year or two before his death, that he had, just then, met with it for the first time, in private; and he assured me that it had taken place after he had left the lady apparently safe and well. Denman says expressly (Introduction, p. 566, 5th edit.), that it was an accident of very rare occurrence during the whole of his life; and Dr. Ramsbotham, whose practice and experience were equally extended, says he never saw a case immediately after inversion.

The production of this accident is, I think, too generally ascribed to injudicious traction of the cord to bring down the placenta; and the inevitable consequence of this presumption is, that whenever it is found to have occurred, it is taken for granted, that the attendant practitioner must be to blame as having thus caused it, when, in truth, all that depended on him may have been done with all proper care and skill, and the accident have arisen from causes over which he had no control; at the same time, undue pressure over the fundus uteri, and strong traction by the cord, are likely to be productive of so many untoward, or even fatal consequences, that no prohibition of their adoption can be too strongly enforced; and, I may add, that the last two cases of inversion, of which I am aware, as having happened in this city, were, I believe, justly attributed to the combined action of these agencies; but, if this displacement were easily produced by the mismanagement alluded to, instead of being, as it confessedly is, very rare, it would assuredly be of very frequent occurrence indeed, considering that the objectionable plan of interference is so constantly that of midwives, and too often of better educated practitioners.

I think we have quite sufficient grounds for believing, with Merriman,[1] that "there can be no doubt that a spontaneous inversion has sometimes occurred;" or, to use the words of Dr. Blundell,[2] that "the whole uterus may be pushed down, and this independently of anything done by the obstetrician." Ruysch states that the accident may happen, and did so in his own practice, when no undue force was used; and after animadverting on the impropriety of forcible extraction of the placenta as the general cause of this accident, he adds, "aliquando tamen, ortum ducit a conatibus post partum remanentibus."

[1] Synopsis, &c., p. 1857. [2] Principles and Practice of Obstetricy, p. 688.

Rokitansky[1] describes a condition of the uterus immediately after delivery, which might readily lead to inversion: it consists in a paralysis of the placental portion of the uterus, occurring at the same time that the surrounding parts go through the ordinary processes of reduction; the part alluded to is thus, he says, "forced into the cavity of the uterus by the contraction of the surrounding tissue, so as to project in the shape of a conical tumour, and a slight indentation is noticed at the corresponding point of the external surface. And he adds an observation, the truth of which I had occasion to verify, I may say anticipate, several years ago. "The close resemblance of the paralyzed segment of the uterus to a fibrous polypus may easily induce a mistake in the diagnosis, and nothing but a minute examination of the tissue can solve the question. The affection always causes hemorrhage, which lasts for several weeks after childbirth, and proves fatal by the consequent exhaustion."

The following case was an instance of this occurrence. In July, 1831, I was summoned, at four o'clock in the morning, to see a lady who had been delivered at 10 o'clock the previous night. The placenta was still retained, although she had had, all through the night, rather severe expulsive pains; she had lost a good deal of blood. On examination, I found the serous surface of the placenta lying upon, and pressed against, the internal surface of the os uteri; but, although the uterine contraction continued, I could not get it down by traction of the cord. On passing my hand into the uterus, I found the placenta was adhering to a globular tumour, which seemed to be as large as a good sized orange, and which, at the moment, I had no doubt was a fibrous tumour projecting from the inner surface of the uterus. To this tumour the placenta was morbidly adherent, and was only separated therefrom with difficulty. Having, however, accomplished this, and turned my hand freely in the uterus, to secure its complete contraction, the tumour, which was evidently the "placental portion" of the uterus partially inverted, completely disappeared, and the lady afterwards recovered well. Denman relates a case very much resembling this.[2]

With regard to those cases, in which inversion has been supposed to have occurred *spontaneously*, after the departure of the medical attendant, I think we may take for granted that in not a few of them the displacement had *commenced* while he was present, though without his knowledge; perhaps with very slight manifestations of its occurrence; or it may have remained unnoticed from want of sufficient observation and proper examination on his part. In the *Gazette des Hôpitaux*, for 7th Feb. last, there is a case reported in which partial inversion of the uterus was only discovered on the 6th December, in a patient who is stated to have been *safely delivered* on the 13th November; but from the whole details of the case, it appears almost evident that the inversion occurred at the time of labour, but was not then noticed.

There is obviously this danger in supposing, as so many do, that this accident is always attended and announced by a particular train of urgent symptoms; that if such symptoms are not observed, the attendant may be induced to conclude, what he would naturally so much desire, that no such accident could have happened, and so the patient is left to die, or linger out a life of misery. The instances in which this has happened are numerous indeed; one such is above referred to, and another we may quote from Dr. Merriman,[3] in which it is stated that "the placenta came away without any difficulty, and certainly without any suspicion of injury to the uterus;" but, between six and seven months afterwards, it was discovered that the uterus was inverted.

Now, when we succeed in effecting the replacement of a completely inverted uterus, how is its restoration really accomplished? Is it, as is generally stated in books, by re-inverting first the dependent fundus, or, in the words of Sir C. M. Clarke, "by making pressure on the lower part only of the tumour, so as to cause this part to be received into that above it,"[4] and so on, gradually up to the angle where the cervix is flexed on itself? Judging from what happened in this case of Mrs. M., and from the accounts given by others of what hap-

[1] Pathological Anatomy, vol. ii. p. 304.
[2] Op. jam. cit. p. 564.
[3] Synopsis, p. 299.
[4] Diseases of Females, Part i. p. 151.

pened in their cases, I think the above is not the mode of reduction; but that, as we compress the bulk of the tumour, and try to press the fundus back into itself, and push it upwards, *the flexure at the cervix* yields, and presently the fundus seems to escape upwards by springing as it were from our hand; so that the part which was last inverted is the first restored. This springing away from the hand is expressly mentioned by more than one writer of authority,[1] and is, I presume, produced by the contraction of the orbicular fibres of the partially restored cervix lifting up quickly the globe of the fundus.

I have now only to observe that, however small is the number of cases of inverted uterus met with in practice, it would be still smaller, if it were the universal rule carefully to examine every recently delivered woman, both through the abdominal parietes, to ascertain the size and form of the uterus, and also *per vaginam*, to be satisfied that there was no tumour protruding into that canal; nothing can excuse the neglect of this simple proceeding, and if it were *invariably* adopted, I think, with Mr. Newnham,[2] that "chronic inversion of the uterus would be known only by description."—*Dublin Hospital Gazette*, April 1, 1856.

—

30. *Placenta Prævia.*—In our previous number (p. 523, *et seq.*), we gave some interesting cases of placenta prævia, by Dr. Thos. Radford, and now continue them:—

Case X.—Jan. 2, 1823, Mrs. Fildes, midwife, sent for me to visit a hospital patient residing in Cock Gates, in labour and flooding. She was at the end of pregnancy, and in going up stairs had fallen, and immediately felt sick and faintish. In about an hour afterwards, she had a discharge of blood, followed by pains, which continued to increase in frequency and strength. The hemorrhage was now great; her countenance was very pale; her pulse was frequent and feeble. On an examination *per vaginam*, I found the os uteri opened to about the size of a shilling; but it was firm. On passing the finger through it, I detected the placenta. I plugged the vagina, and had the abdominal bandage put on, with the uterine compress placed under it, and then tightened, so as to effectually support the womb; the retaining bandage was also applied. She was carefully watched for some time; and as there was no external bleeding, or indication of any internal loss, I left her in the care of her midwife, strictly directing her to send again for me if there were any grounds for alarm.

In about four hours I called, and found the pains recurring more frequently and stronger. There had been no bleeding, and she seemed much better. I now withdrew the plug, and ascertained that the os uteri was considerably dilated, and softer, and the loosened placenta lying within it. There was some bleeding during the pains. After having placed on the regulating bandage, I passed the hand, and further detached the placenta to such an extent as I thought would allow the head of the child to pass, and then ruptured the membranes, directing the midwife at the same time to tighten the bandage. The water freely escaped; and in a short time the head of the child began to press on the os uteri, which soon yielded. The loosened portion of the placenta fell to one side, and the child passed by it, and in about three hours it was born alive. The placenta followed in about half an hour. There was no further hemorrhage, and her recovery was uninterrupted. A drachm of laudanum was given.

Remarks.—This case is another example of the value of the plug. A very short time elapsed between the accident and the occurrence of labour pain. The location of the placenta on the cervix and os uteri tended to produce these effects sooner than if this organ had been situated elsewhere. The irritation which the os sustained by the mechanical separation of the placenta was soon felt by the fundus and body of the uterus. The hemorrhage was brought on by the fall; but sooner or later flooding would doubtless have occurred, if no such accident had happened.

Case XI.—May 5, 1827, I visited a hospital patient residing in Cook Street, Salford, under Mrs. Booth's care, who was stated to be in labour, and in danger

[1] Merriman, Synopsis, p. 229. [2] Essay, p. 8.